Case 19-10138-ref Doc 15 Filed 02/06/19 Entered 02/06/19 10:26:15 Desc Main Document Page 1 of 40

Fill in this information to identify your case and this filing:				
Debtor 1				
	First Name	Middle Name	Last Name	
Debtor 2	Miranda Nic	cole Taylor		
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court f	or the: Eastern District of Pe	nnsylvania	

Official Form 106A/B

Schedule A/B: Property

12/15

Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: 728 Market Street Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? 91,000.00 91,000.00 Land ■ Investment property Bangor PΑ 18013 Describe the nature of your ownership Timeshare City State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Fee Simple ☑ Debtor 1 only Northampton Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land Investment property Describe the nature of your ownership Timeshare City ZIP Code State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only ☐ Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: _

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What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home 1.3. Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? ■ Manufactured or mobile home Land Investment property Describe the nature of your ownership City State ZIP Code Timeshare interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 91,000.00 you have attached for Part 1. Write that number here. Describe Your Vehicles Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No ✓ Yes Mazda Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Model2 Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2014 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? 86000 Approximate mileage: At least one of the debtors and another Other information: 5.248.00 5.248.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

Debtor 1	Case 19-10138-ref Doc 15 Gwendolyn Anne Taylor		Filed 02/06/1	9 Entered 02/06/19 10:26:15 Desc Main Page 3 of ௸® number (if known) 19-10138		
	First Name	Middle Name	Last Name	Dogamone	rage of the second	

3.3.	Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.		
	Year:		Current value of the	Current value of the	
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
		At least one of the debtors and another			
	Other information:	☐ Check if this is community property (see instructions)	\$	\$	
3.4	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla		
	Model:	Debtor 1 only	Creditors Who Have Clair		
	Year:	Debtor 2 only	Current value of the	Current value of the	
		Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	Approximate mileage:	At least one of the debtors and another	, , , , ,	, ,	
	Other information:	☐ Check if this is community property (see instructions)	\$	\$	
4.1	Make: Model: Year:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clair.	d claims on Schedule D: ns Secured by Property.	
4.1	Model:	Debtor 1 only Debtor 2 only	the amount of any secure	d claims on Schedule D:	
4.1.	Model: Year:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair. Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the	
	Model: Year:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see	the amount of any secure Creditors Who Have Clair. Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of the portion you own?	
	Model: Year: Other information: ou own or have more than one, list here:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only	the amount of any secure Creditors Who Have Clair. Current value of the entire property?	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$	
lf yo	Model: Year: Other information: ou own or have more than one, list here: Make:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one.	the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ Do not deduct secured clathe amount of any secure.	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$	
lf yo	Model: Year: Other information: Ou own or have more than one, list here: Make: Model: Year:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$	
If yo 4.2.	Model: Year: Other information: Ou own or have more than one, list here: Make: Model: Year: Other information:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions)	the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$	
If you 4.2.	Model: Year: Other information: Ou own or have more than one, list here: Make: Model: Year: Other information: Other information:	□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see	the amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clair. Current value of the entire property? \$ s for pages	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$	

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Part 3: Describe Your Personal and Household Items Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe....... Used Household furnishings 1,250.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games Yes. Describe...... 750.00 Television, laptop computer 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **☑** No ☐ Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **✓** No ☐ Yes. Describe...... \$ 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe...... \$_ 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... 400.00 **Used Clothing** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver **√** No Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No 0.00 Yes. Describe...... 4 cats 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ Yes. Give specific information...... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached 2,400.00 for Part 3. Write that number here

Part 4:

Describe Your Financial Assets

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Do you own or have any legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	ne, in a safe deposit box, and on hand when you file your petition	n
☐ No ☑ Yes		\$1.15
	unts; certificates of deposit; shares in credit unions, brokerage houltiple accounts with the same institution, list each.	ouses,
☐ No ☑ Yes	Institution name:	
17.1. Checking account:	PNC	\$\$
17.2. Checking account:	PNC	\$ \$ 0.53
17.3. Savings account: 17.4. Savings account:	PNC - Reserve saving	\$
17.5. Certificates of deposit:		Ψ
17.6. Other financial account:		Ψ
17.7. Other financial account:		4
17.8. Other financial account:		
17.9. Other financial account:		
	erage firms, money market accounts	
19. Non-publicly traded stock and interests in incorpo an LLC, partnership, and joint venture	rated and unincorporated businesses, including an interest	in
✓ No Name of entity:✓ Yes. Give specific	% of ownershi 0%	
information about		Ψ
	0% %	

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20. Government and corpo				
	orate bonds and othe	r negotiable and non-negotiable instruments		
		ks, cashiers' checks, promissory notes, and money orders.		
Non-negotiable instrume	ents are those you can	not transfer to someone by signing or delivering them.		
☑ No				
Yes. Give specific information about	Issuer name:			
them			\$	
			\$	
			\$	
21. Retirement or pension		4/L) 403/b) shrift agging a cooperate or other page or profit charing plans		
_	RA, ERISA, Keogn, 40	1(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
✓ No✓ Yes. List each				
account separately.	Type of account:	Institution name:		
	401(k) or similar plan:	Georgia Pacific	\$	13,103.63
			¢	
	Pension plan:		Ψ	
	IRA:			
	Retirement account:		\$	
	Keogh:		\$	
	Additional account:		\$	
	Additional account:		\$	
Examples: Agreements companies, or others				
• •	with landlords, prepaid	rent, public utilities (electric, gas, water), telecommunications		
₩ No	with landlords, prepaid	rent, public utilities (electric, gas, water), telecommunications		
		rent, public utilities (electric, gas, water), telecommunications		
☑ No			\$	
No No	Inst		\$ \$	
☑ No	Inst		\$ \$ \$	
No No	Inst Electric: Gas: Heating oil:		\$ \$ \$	
No No	Inst Electric: Gas: Heating oil:	itution name or individual:	\$ \$ \$ \$	
No No	Inst Electric: Gas: Heating oil: Security deposit on rent	itution name or individual:	\$ \$ \$ \$	
No No	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent:	itution name or individual:	\$ \$ \$ \$	
No No	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone:	itution name or individual:	\$ \$ \$ \$	
No No	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water:	itution name or individual:	\$	
No No	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented fumiture:	itution name or individual:	\$	
✓ No ☐ Yes	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	itution name or individual:	\$	
✓ No ☐ Yes	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	al unit:	\$	
✓ No ☐ Yes	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	f money to you, either for life or for a number of years)	\$	
No Yes 23. Annuities (A contract fo	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented fumiture: Other: or a periodic payment o	f money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$	
No Yes 23. Annuities (A contract fo	Inst Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented fumiture: Other: or a periodic payment o	f money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$	

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26 U.S.C. §§ 530(b)(1), 529A(b)		tuition program.	
☑ No ☐ Yes l	nstitution name and description. Separately file the records of any interes	ts.11 U.S.C. § 521(c)	:
		J (,	
-			\$
-			\$
-			\$
25. Trusts, equitable or future inte exercisable for your benefit	rests in property (other than anything listed in line 1), and rights or p	powers	
Yes. Give specific			
information about them			\$
	ks, trade secrets, and other intellectual property es, websites, proceeds from royalties and licensing agreements		\$
27. Licenses, franchises, and othe Examples: Building permits, exc. ✓ No ✓ Yes. Give specific information about them	er general intangibles lusive licenses, cooperative association holdings, liquor licenses, professi	onal licenses	\$
Money or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
			ciairis of exemptions.
28. Tax refunds owed to you			ciains of exemptions.
28. Tax refunds owed to you No			ciains of exemptions.
No Yes. Give specific informatio		Federal: \$	ciains of exemptions.
No Yes. Give specific informatio about them, including w	hether	Federal: \$	· •
No Yes. Give specific informatio	vhether urns	State: \$	· •
No Yes. Give specific informatio about them, including w you already filed the ret	vhether urns		· •
No Yes. Give specific informatio about them, including we you already filed the return and the tax years	n alimony, spousal support, child support, maintenance, divorce settlemen	State: \$ Local: \$	
No Yes. Give specific informatio about them, including w you already filed the ret and the tax years	n alimony, spousal support, child support, maintenance, divorce settlemen	State: \$ Local: \$	t \$
No Yes. Give specific informatio about them, including we you already filed the return and the tax years	n alimony, spousal support, child support, maintenance, divorce settlemen	State: \$ Local: \$ nt, property settlemen	
No Yes. Give specific informatio about them, including we you already filed the return and the tax years	n alimony, spousal support, child support, maintenance, divorce settlemen	State: \$ Local: \$ Int, property settlemen	t \$
No Yes. Give specific informatio about them, including we you already filed the return and the tax years	n alimony, spousal support, child support, maintenance, divorce settlement	State: \$ Local: \$ Int, property settlement, property settlement, property:	ss ss ss
No Yes. Give specific informatio about them, including we you already filed the return and the tax years	n alimony, spousal support, child support, maintenance, divorce settlement	State: \$ Local: \$ Int, property settlement, propert	sssssssss
No Yes. Give specific informatio about them, including we you already filed the retained the tax years	n alimony, spousal support, child support, maintenance, divorce settlemen n	State: \$ Local: \$ Int, property settlement Illimony: Idaintenance: Support: Divorce settlement: Property settlement:	ss ss ss
No Yes. Give specific information about them, including we you already filed the return and the tax years	n alimony, spousal support, child support, maintenance, divorce settlement	State: \$ Local: \$ Int, property settlement Illimony: Idaintenance: Support: Divorce settlement: Property settlement:	ss ss ss
No Yes. Give specific informatio about them, including we you already filed the retained the tax years	whether turns an alimony, spousal support, child support, maintenance, divorce settlement n	State: \$ Local: \$ Int, property settlement Illimony: Idaintenance: Support: Divorce settlement: Property settlement:	ss ss ss
No Yes. Give specific information about them, including we you already filed the return and the tax years	whether turns an alimony, spousal support, child support, maintenance, divorce settlement n	State: \$ Local: \$ Int, property settlement Illimony: Idaintenance: Support: Divorce settlement: Property settlement:	ss ss ss

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31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value. ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. **✓** No 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim. 35. Any financial assets you did not already list **Z** No ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 13.205.31 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe..... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☐ No ☐ Yes. Describe.

Debtor 1	Case 19-1 Gwendoly First Name	10138-ref rn Anne Taylo Middle Name	Doc 15	Filed 02/06/19 Document I	Entered (Page 9 of ௸	02/06/19 10:26:15 number (if known) 19-10138	Desc Main
☐ No	ery, fixtures, e	equipment, supp	olies you use	in business, and tool	s of your trade		\$
41. Invento	ry						

☐ No			_
Yes. Describe			\$
L			
41. Inventory			
Yes. Describe			\$
L			
42. Interests in partnersh	ips or joint ventures		
☐ No			
☐ Yes. Describe	Name of entity:	% of ownership:	
		%	\$
		% %	\$ \$
			Ψ
43. Customer lists, mailin	g lists, or other compilations		
	include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
☐ No			
Yes. Desc	ribe		\$
			Ψ
	property you did not already list		
□ No□ Yes. Give specific			
information			\$
			\$
			\$
			\$
			\$
			\$
	of all of your entries from Part 5, including any entries for pages you have att		\$0.00
for Part 5. Write that i	number here	→	
	ny Farm- and Commercial Fishing-Related Property You Own or Haven the commercial fishing and the commercial fishing.	/e an Interest In	
46 Do you own or have a	ny legal or equitable interest in any farm- or commercial fishing-related prop	ertv?	
No. Go to Part 7. Yes. Go to line 47.	ny legal or equitable interest in any farin- or commercial histing-related prop	erty?	
			Current value of the
			portion you own? Do not deduct secured claims or exemptions.
47. Farm animals			
Examples: Livestock, p	oultry, tarm-raised fish		
Yes			1
			\$

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Debtor 1

48. Crops—either growing or harvested	
□ No □ Yes. Give specific information	\$
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes	7
	\$
50. Farm and fishing supplies, chemicals, and feed No	
☐ Yes	\$
51. Any farm- and commercial fishing-related property you did not already list No	-
Yes. Give specific information	\$
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$0.00
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	
✓ No ☐ Yes. Give specific	\$
information	\$
	\$
54. Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00
Part 8: List the Totals of Each Part of this Form	
55. Part 1: Total real estate, line 2	\$91,000.00
56. Part 2: Total vehicles, line 5 \$	
57. Part 3: Total personal and household items, line 15 \$	
58. Part 4: Total financial assets, line 36 \$13,205.31	
59. Part 5: Total business-related property, line 45 \$	
60. Part 6: Total farm- and fishing-related property, line 52	
61. Part 7: Total other property not listed, line 54 + \$	
62. Total personal property. Add lines 56 through 61	+ \$ 20,853.31
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$111,853.31

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Fill in this information to identify your case:					
Debtor 1	Gwendolyn	Anne Taylor			
	First Name	Middle Name	Last Name		
Debtor 2	Miranda Ni	cole Taylor			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern District of Pennsylvania Case number 19-10138				-	
(If known)					

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	Which set of ex	ty the Property You Claim temptions are you claiming? ming state and federal nonbant ming federal exemptions. 11 U	Check one only, even if cruptcy exemptions. 11	• •	
2.			• () ()	pt, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
	Brief description: Line from Schedule A/B:	728 Market St 1.1	\$ <u>91,000.00</u>	 	11 U.S.C. 522 (d)(1)
	Brief description: Line from Schedule A/B:	2014 Mazda 2 3.1	\$ <u>5,248.00</u>	 ■ \$ 768.00 ■ 100% of fair market value, up to any applicable statutory limit 	11 U.S.C. 522 (d)(2)
	Brief description: Line from Schedule A/B:	Used Household Funi 6	\$ <u>1,250.00</u>	 ■ \$ 1,250.00 ■ 100% of fair market value, up to any applicable statutory limit 	11 U.S.C. 522 (d)(3)
3.	(Subject to adju	·	years after that for case	s filed on or after the date of adjustment. 1,215 days before you filed this case?)

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Debtor 1

Part 2:

Gwendolyn Anne Taylor
First Name Middle Name

Last Name

Additional Page

	on of the property and line /B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B:	TV, Laptop 7	\$ 750.00		11 U.S.C. 522 (d)(5)
Brief description: Line from Schedule A/B:	Used Clothing 11	\$	■ \$ 400.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. 522 (d)(3)
Brief description: Line from Schedule A/B:	Cats (4) 13	\$0.00		11 U.S.C. 522 (d)(5)
Brief description: Line from Schedule A/B:	Money - Cash 16	\$1.15		11 U.S.C. 522 (d)(5)
Brief description: Line from Schedule A/B:	PNC Checking 17.1	\$ 75.00	☑ \$ 75.00 □ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. 522 (d)(5)
Brief description: Line from Schedule A/B:	PNC Savings 17.3	\$0.53		11 U.S.C. 522 (d)(5)
Brief description: Line from Schedule A/B:	PNC Reserve Saving: 17.4	\$25.00		11 U.S.C. 522 (d)(5)
Brief description: Line from Schedule A/B:	Georgia Pacific 401	\$13,103.63	■ 13,103.63 ■ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. 522 (d)(12)
Brief description: Line from Schedule A/B:		\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	\$ \$ any applicable statutory limit	
Brief description: Line from Schedule A/B:		\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	

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			Dogarrione	· age ±					
Fi ll in this in	Fill in this information to identify your case:								
Debtor 1	Gwendolyn A	Anne Taylor							
	First Name	Middle Name	Last Name						
Debtor 2	Miranda Nic								
(Spouse, if filing)	First Name	Middle Name	Last Name						
United States Case number	Bankruptcy Court f	or the: Eastern District of I	Pennsylvania	V					
(If known)									

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

Part 1: List All Sec	ured Cl	laims		Colum	пп Д	Colum	nn R	Column C
for each claim. If more	than or	ne creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. nabetical order according to the creditor's name.	Amo u Do no	unt of claim t deduct the of collateral.	Valu	e of collateral supports this	Unsecured portion
2.1 NationStar Mortg	age		Describe the property that secures the claim:	\$	74,109.00	\$	91,000.00	0.00
Creditor's Name 8950 Cypress Wa	aters B	Blvd	Residence: 728 Market Street, Bangor, PA 18013					
Coppell City	TX State	75019 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	_				
Who owes the debt? Ch	eck one,		Nature of lien. Check all that apply.					
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this claim r community debt	tors and a	оа	✓ An agreement you made (such as mortgage or secured car loan) ✓ Statutory lien (such as tax lien, mechanic's lien) ✓ Judgment lien from a lawsuit ✓ Other (including a right to offset)	_				
Date debt was incurred	12/29	/2015	Last 4 digits of account number 5 3 2 0					
Wells Fargo Deal	er Ser	vices	Describe the property that secures the claim:	\$	4,480.00	\$	5,248.00	0.00
PO Box 1697 Number Street			2014 Mazda 2, 86000+ Miles, Located at 728 Market St. Bangor, PA 18013					
Winterville City Who owes the debt? Ch Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb	only	28590 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit					
Check if this claim r community debt			Other (including a right to offset)	_				
Date debt was incurred			Last 4 digits of account number 6 8 8 2	l _o	78,589,00			
Add the dollar value	ot your	entries in	Column A on this page. Write that number here:	Φ	70,308,00			

Fill in this information to identify your case: Gwendolyn Anne Taylor Debtor 1 First Name Last Name Miranda Nicole Taylor Debtor 2 (Spouse, if filling) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of Pennsylvania ☐ Check if this is an 4:19-BK-10138 amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. ✓ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Priority** Nonpriority Total claim amount amount Last 4 digits of account number 8 6 8 2 Keystone Collections Group <u>533.20</u> \$ Priority Creditor's Name 546 Wendel Rd 01/01/2018 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply 15642 Irwin Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ✓ No Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations ☐ Debtor 1 and Debtor 2 only ☐ Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other Specify ☐ No

☐ Yes

•						
Part 1:	Your PRIC	ORITY Unsecu	ed Claims	— Continuation	ı Page	
	First Name	Middle Name	Last Name	Document	Page 15 of 40	
Debtor 1	Came undaily	447/44974e="IValylor	DOC 13	Filed 02/00/	- Page 15 of 40	

Afte	r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Priority Creditor's Name Number Street	Last 4 digits of account number	\$. \$	\$
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
	☐ No ☐ Yes				
	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent			
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	 Unliquidated Disputed Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify 			
	Is the claim subject to offset? ☐ No ☐ Yes				
	Priority Creditor's Name Number Street	Last 4 digits of account number	\$	\$	\$
	City State ZIP Code Who incurred the debt? Check one.	Unliquidated Disputed			
	 □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt 	Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
	Is the claim subject to offset? ☐ No ☐ Yes				

Debtor 1	Case 129ty	ĻЮДа‱erneafylo	Doc 15	Filed 02/06/1	19 Entered 02/06/19 10426: 🕸 🕫 - 10മുടെ Main Page 16 of 40
	First Name	Middle Name	Last Name	Document	Page 16 of 40
D 2-	l . :-4 AU -6)	V NONDRIA	DITY II	anned Claims	·
Part Z:	LIST All OT	FOUR NUMPRIC	JKIIT UNSE	cured Claims	

	Do any creditors have nonpriority uns ☐ No. You have nothing to report in thi ☑ Yes					
	nonpriority unsecured claim, list the cred	litor separa litor ho l ds a	itely for each claim	order of the creditor who holds each claim. If a creditor has a For each claim listed, identify what type of claim it is. Do not ist the other creditors in Part 3.If you have more than three not	list claims already	
					Total claim	
4.1	AMS Servicing Group - CBAna	lvst		Last 4 digits of account number 7 8 0 1	0.000.00	
	Nonpriority Creditor's Name	<u>, </u>		00/40/0044	\$ 2,033.00	_
	P.O. Box 3176			When was the debt incurred? <u>09/13/2011</u>		
	Number Street Winston Salem	NC	27102			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
				☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	☐ Debtor 1 only ☐ Debtor 2 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ At least one of the debtors and another			☑ Student loans		
	☐ Check if this claim is for a commur	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	☑ No			Other. Specify		
	☐ Yes					
4.2	CBCS			Last 4 digits of account number 7 1 0 5	\$3,572.24	1
	Nonpriority Creditor's Name		_	When was the debt incurred?		
	P.O. Box 2724					
	Number Street Columbus	ОН	43216	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce		
	☐ Check if this claim is for a commun	nity debt		that you did not report as priority claims		
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill		
	☑ No □ Yes			- Outer, opening		
4.3						\dashv
	CBCS Nonpriority Creditor's Name			Last 4 digits of account number <u>5</u> <u>7</u> <u>7</u> <u>7</u>	\$ 197.3	2
	P.O. Box 2724			When was the debt incurred?		
	Number Street	OLL	42246			
	Columbus	OH State	43216 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.			☐ Contingent		
	Debtor 1 only			Unliquidated		
	Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	■ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	☑ No □ Yes			✓ Other. Specify Medical Bill		
	■ res					

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Nonprote Cector's Name P.O. Box 2724 Number Greek of the date you file, the claim is: Check all that apply: Contingent Columbus Contingent Columbus Contingent Columbus Contingent	Afte	er listing any entries on this page, nu	mber thei	n beginning with 4	4.4, followed by 4.5, and so forth.	Total claim
P.O. Box 2724 When was the dobt incurred?	4.4				Last 4 digits of account number 4 9 0 4	_{\$} 1,988.50
Columbus OH 43216 Dity State ZPF Costs Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes CBCS Responsely Creater's Name P.O. Box 2724 Number Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Who incurred the debt? Check one. Debtor 1 only Debt		P.O. Box 2724			When was the debt incurred?	
City State 2IP Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only State 2 IP Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 1 and Debtor 2 only State 2 IP Code Debtor 2 only Debtor 2 only State 2 IP Code Debtor 2 only Debtor 2 only State 2 IP Code Debtor 2 only			ОН	43216	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one. Disputed					☐ Contingent	
Debtor 1 and Debtor 2 anyly Debtor 1 and Debtor 2 anyly Debtor 2 anyly Debtor 1 and Debtor 2 anyly Debtor 1 and Debtor 2 anyly Debtor 3 and 2 an		_			·	
At least one of the debtors and another Check if this claim is for a community debt					Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community debt Steel claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar d		_				
Debts to pension or profit-sharing plans, and other similar debts			-14			
4.5 CBCS Narptirefly Ceditor's Name P.O. Box 2724 Number Street Columbus OH 43216 Gity State ZiP Code When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unflaquidated Disputed Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Tyes 4.6 Financial Recoveries Narptirefly Ceditor's Name P.O. Box 1022 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unflaquidated Disputed Disputed Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only State ZiP Code When was the debt incurred? Last 4 digits of account number 7 5 6 4 4 s. 1,037. When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unflaquidated Disputed Officer, Specify Medical State 4 digits of account number 1 5 4 2 When was the debt incurred? As of the date you file, the claim is: Check all that apply. State 4 digits of account number 1 5 4 2 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unflaquidated Disputed As of the date you file, the claim is: Check all that apply. State 2 1 2 2 5 5 1.1 State 1 2 2 3 5 1.1 State 1 2 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			nity debt		Debts to pension or profit-sharing plans, and other similar debts	
Last 4 digits of account number 7 5 6 4 s 1,037. CBCS		•			Other. Specify IVIECTICAL BIII	
CBCS Last 4 digits of account number						
Nemptority Creditor's Name P.O. Box 2724 Number Street Columbus OH 43216 City Stute ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 street Nemptority Creditor's Name P.O. Box 1022 Number Street Nemptority Creditor's Name P.O. Box 1022 Number Street Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debt	4.5	CDCS			Last 4 digits of account number 7 5 6 4	s 1,037,76
P.O. Box 27/24 Number Street Columbus OH 43216 Contingent Unliquidated Disputed Other, Specify Medical Other, Specify Medical Other, Specify Medical Other apply.						* <u> </u>
As of the date you file, the claim is: Check all that apply. Columbus					When was the debt incurred?	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 street Check if this claim is for a community debt Is the claim subject to offset? Minopronity Creditor's Name P.O. Box 1022 Number Wixom MI 48393 City Strate ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor a community debt Street Disputed Check if this claim is for a community debt Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 only Deb			ОН	/3216	As of the date you file, the claim is: Check all that apply.	
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□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ Debtor 6 and Debtor 8 name □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes 4.6 Financial Recoveries Nonpriority Creditor's Name P.O. Box 1022 Number Street Wixom MI 48393 City State ZIP Code □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if Medical Bill □ Debtor 1 plans, and other similar debts □ Check if Medical Bill □ Debtor 1 plans, and other similar debts □ Check if Medical Bill		Who in account of the plant 2 Oh all and				
Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 onl					☐ Disputed	
Debtor 1 and Debtor 2 only					Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community debt State Check if this claim subject to offset? Check if this claim subject to offset? Code Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt State Check if this claim is for a community debt State Check if this claim is for a community debt State Check if this claim is for a community debt Check if this claim is claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for		☐ Debtor 1 and Debtor 2 only				
Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical		At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
Is the claim subject to offset? No		☐ Check if this claim is for a commun	nity debt			
## A.6 Financial Recoveries		Is the claim subject to offset?				
Financial Recoveries Nonpriority Creditor's Name P.O. Box 1022 Number Street Wixom MI 48393 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Last 4 digits of account number 1 5 4 2 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Cother. Specify Medical Bill						
Nonpriority Creditor's Name P.O. Box 1022 Number Street Wixom MI 48393 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	4.6	Financial Recoveries			Last 4 digits of account number 1 5 4 2	_{\$} 51.00
P.O. Box 1022 Number Street Wixom MI 48393 City State ZIP Code Contingent Unliquidated Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Who incurred the debt? Check one. Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill					When was the daht incomed?	
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□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical Bill		Who incurred the debt? Check one				
☑ Debtor 2 only Type of NONPRIORITY unsecured claim: ☑ Debtor 1 and Debtor 2 only ☑ Student loans ☑ At least one of the debtors and another ☑ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☑ Check if this claim is for a community debt ☑ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☑ Other. Specify Medical Bill					□	
□ At least one of the debtors and another □ Check if this claim is for a community debt □ the claim subject to offset? □ No □ At least one of the debtors and another □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical Bill		Debtor 2 only			Type of NONPRIORITY unsecured claim:	
□ Check if this claim is for a community debt Is the claim subject to offset? □ No					☐ Student loans	
□ Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Medical Bill						
Is the claim subject to offset? ☑ Other. Specify Medical Bill ☑ No		☐ Check if this claim is for a commun	nity debt			
		*				

Part 2:

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Afte	er listing any entries on this page, nu	mber the	m beginning with	4.4, followed by 4.5, and so forth.	Tot	tal claim
4.7	Financial Recoveries			Last 4 digits of account number 5 4 3 6	\$	243.00
	Nonpriority Creditor's Name P.O. Box 1022			When was the debt incurred?		
	Number Street Wixom	MI	48393	As of the date you file, the claim is: Check all that apply.		
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commun	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			☑ Other Specify Medical Bill		
	☑ No ☐ Yes					
4.8	Figure 1 December 1			Last 4 digits of account number 6 8 5 0	* ·	1,688.50
	Financial Recoveries Nonpriority Creditor's Name			. — — — —	Ψ	.,000,00
	P.O. Box 1022			When was the debt incurred?		
	Number Street Wixom	MI	48393	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed		
	Debtor 1 only					
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans☐ Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commun	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify Medical Bill		
	☑ No ☐ Yes					
4.9	Financial Recoveries			Last 4 digits of account number 2 2 0 4	\$	165.00
	Nonpriority Creditor's Name		_			
	P.O. Box 1022 Number Street			When was the debt incurred?		
	Wixom	MI	48393	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			Tune of NONDBIODITY was a suited also were		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commun	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ✓ No ☐ Yes			Other. Specify Medical Bill		

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Afte	er listing any entries on this page, nu	ımber the	em beginning with	n 4.4, followed by 4.5, and so forth.	To	tal claim
5.0	Financial Recoveries			Last 4 digits of account number 9 8 0 8	\$ <u></u>	84.00
	Nonpriority Creditor's Name P.O. Box 1022			When was the debt incurred?		
	Number Street Wixom	MI	48393	 As of the date you file, the claim is: Check all that apply. 		
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a commu			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 		
	Is the claim subject to offset? ☑ No ☐ Yes			Other Specify Medical Bill		
.1	Lehigh Valley Health Network			Last 4 digits of account number 7 3 8 4	\$	197.32
	Nonpriority Creditor's Name P.O. Box 4067			When was the debt incurred?		
	Number Street			As of the date you file, the claim is: Check all that apply.		
	Allentown	PA State	18103 ZIP Code	Contingent		
	,			☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commu	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ☑ No ☐ Yes			☑ Other Specify Medical Bill		
2				Last 4 digits of account number 5 4 0 8	\$	115.64
	Lehigh Valley Health Network Nonpriority Creditor's Name			-		
	P.O. Box 4067			When was the debt incurred?		
	Number Street Allentown	РА	18109	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
	☐ Debtor 1 only			■ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commu			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?	miy debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill		

✓ No ☐ Yes

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Afte	er listing any entries on this page, nu	mber thei	m beginning with	4.4, followed by 4.5, and so forth.	Total cla	im
5.3	Lehigh Valley Health Network			Last 4 digits of account number 6 3 9 4	\$ 3,329).24
	Nonpriority Creditor's Name P.O. Box 4067			When was the debt incurred?		
	Number Street Allentown	PA	18109	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a commuls the claim subject to offset? ☑ No □ Yes	State	ZIP Code	 □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Bills 		
5.4	Lehigh Valley Health Network Nonpriority Creditor's Name			Last 4 digits of account number 6 5 4 7	\$ <u>116</u>	5 <u>.</u> 23
	P.O. Box 4067 Number Street			· · · · · · · · · · · · · · · · · · ·		
	Allentown	PA State	18109 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent		
	Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a commuls the claim subject to offset? □ No □ Yes	nity debt		 Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Medical Bill 		
5.5	Lehigh Valley Health Network Nonpriority Creditor's Name			Last 4 digits of account number 6 7 4 8	\$ <u>90</u>	.20
	P.O. Box 4067			When was the debt incurred?		
	Number Street Allentown	PA	18109	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a commuls the claim subject to offset? □ No □ Yes	nity debt		 □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Bill 		

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First Name	Middle Name	Last Name	Τ

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Afte	er listing any entries on this page, number	them beginnin	g with 4.4, followed by 4.5, and so forth.	Total claim
5.6	Lehigh Valley Health Network Nonpriority Creditor's Name		Last 4 digits of account number 4 8 0 7	\$ 1,235 . 08
	P.O. Box 781733		When was the debt incurred?	
	Number Street Philadelphia PA	19178	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	ZIP Code	□ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community do Is the claim subject to offset? ☑ No ☐ Yes	ebt	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill	
5.7	Lehigh Valley Health Network		Last 4 digits of account number 3 6 4 4	\$ <u>818.6</u>
	Nonpriority Creditor's Name P.O. Box 4067		When was the debt incurred?	
	Number Street Allentown PA	18109	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community delication in the claim subject to offset? □ No □ Yes	ebt	 ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Bill 	
5.8	Lehigh Valley Health Network		Last 4 digits of account number 4 6 3 7	_{\$} 103.4
	Nonpriority Creditor's Name P.O. Box 4067 Number Street		When was the debt incurred?	
	Allentown PA	18103 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	o h t	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community do Is the claim subject to offset? ☑ No ☐ Yes	ері	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill	

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First Name	Middle Name		Last Name

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Afte	er listing any entries on this page, number then	n beginning with	4.4, followed by 4.5, and so forth.	Tot	al claim
5.9	Health Network Laboratories		Last 4 digits of account number 0 4 8 6	\$	74.99
	Nonpriority Creditor's Name P.O. Box 789581		When was the debt incurred?		
	Number Street Philadelphia PA	19178	As of the date you file, the claim is: Check all that apply.		
	City State Who incurred the debt? Check one. Debtor 1 only	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill		
3.0	Health Network Laboratories		Last 4 digits of account number 0 5 8 7	\$	170.44
	Nonpriority Creditor's Name		- When was the debt incurred?		
	P.O. Box 789581 Number Street				
	Philadlephia PA	19178	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	☐ Contingent ☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only Debtor 2 only		Type of NONDBIODITY upgestured eleim:		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim: Student loans		
	☐ At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	$f \Box$ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other. Specify Medical Bill		
	☑ No □ Yes				
3.1	Madical Image Of Labimb Vallage		Last 4 digits of account number 2 0 0 9	\$	580.00
	Medical Imag. Of Lehigh Valley Nonpriority Creditor's Name				
	P.O. Box 3226		When was the debt incurred?		
	Number Street Allentown PA	18106	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		
	☐ Debtor 1 only		☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Student loans		
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Is the claim subject to offset?		 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Bill 		
	✓ No Yes		Other. Specify Intedical Dill		

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First Name	Middle Name	La

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After listing any entries on this p	age, number them I	beginning with	n 4.4, followed by 4.5, and so forth.	Total claim
.2 Medical Imag. of Lehigh	Valley		Last 4 digits of account number 2 0 1 0	_{\$} 375.0
Nonpriority Creditor's Name P.O. Box 3226			When was the debt incurred?	
Number Street Allentown	PA	18106	As of the date you file, the claim is: Check all that apply.	
City		ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			·	
☑ Debtor 2 only☑ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	d another		Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt		you did not report as priority claims	
Is the claim subject to offset?			 □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical Bill 	
☑ No				
Yes				
Convergent Outsourcing	a Inc		Last 4 digits of account number 4 9 9 4	\$ <u>1,017.</u> 6
Nonpriority Creditor's Name	<i>,</i>		When was the debt incurred? 09/23/2011	
P.O. Box 9004 Number Street			When was the dept incurred?	
Renton	WA	90857	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			·	
☑ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	d another		Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt		you did not report as priority claims	
Is the claim subject to offset?	·		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection for Medical	
☑ No			<u> </u>	
☐ Yes				
Dortfolio Booyery Asso	voiete III.e		Last 4 digits of account number 4 1 2 3	_{\$1,182.4}
Portfolio Recovery Asso Nonpriority Creditor's Name	voial o , LLC		_	
P.O. Box 12914			When was the debt incurred?	
Number Street Norfolk	VA	23541	As of the date you file, the claim is: Check all that apply.	
City		ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			— Біэрисей	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and	d another		☐ Student loans	
☐ Check if this claim is for a			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?	-		Debts to pension or profit-sharing plans, and other similar debts	
No			☑ Other. Specify Collection Action	
Yes				

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First Name	Middle Name

Aft	er listing any entries on this page, nu	mber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
6.5	Security Credit Systems, Inc.			Last 4 digits of account number 1 1 0 5	\$_6,406 . 02
	Nonpriority Creditor's Name 100 River Rock Dr. Ste 200			When was the debt incurred?	
	Number Street Buffalo	NY	14207	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	☐ Debtor 1 only ☑ Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another			☑ Student loans	
	☐ Check if this claim is for a commun	aitu daht		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	nity debt		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify	
	☑ No			Utner. Specify	
	Yes				
6.6	Security Credit Systems Inc			Last 4 digits of account number 1 1 0 0	\$_3,099 . 66
	Nonpriority Creditor's Name			- When was the debt incurred?	
	100 River Rock Dr., Ste 200 Number Street				
	Buffalo	NY	14207	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	☐ At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commun	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify	
	☑ No ☐ Yes				
6.7				Last 4 digits of account number 1 1 0 1	_{\$} 3,020.75
	Security Credit Systems Inc. Nonpriority Creditor's Name			- Last 4 digits of account number 1 1 0 1	
	100 River Rock Dr., Ste 200			When was the debt incurred?	
	Buffalo	NY	14207	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another			Student loans	
	☐ Check if this claim is for a commun	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	,		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 	
	✓ No Yes			Guier, Specify	

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Aft	er listing any entries on this page, number them	beginning with	4.4, followed by 4.5, and so forth.	Total claim
6.8	Security Credit Systems Inc.		Last 4 digits of account number 1 1 0 2	_{\$} 3,263.79
	Nonpriority Creditor's Name 100 River Rock Dr., Ste 200		When was the debt incurred?	
	Number Street Buffalo NY	14207	As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only		☑ Student loans	
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No		Other. Specify	
	☐ Yes			
6.9	Pann Cradit Corn		Last 4 digits of account number 4 0 3 7	s 245,43
	Penn Credit Corp. Nonpriority Creditor's Name			T
	P.O. Box 69703 Number Street		When was the debt incurred?	
	Harrisburg PA	17106	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		·	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another		Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Collections	
	□ No			
7.0	Yes			s 3,503 . 64
1.0	Conserv-Continential Service Group, In	С.	Last 4 digits of account number <u>5</u> <u>0</u> <u>3</u> <u>9</u>	\$_0,000.04
	Nonpriority Creditor's Name		- When was the debt incurred?	
	P.O. Box 3023 Number Street		=	
	Niagra Falls NY	14304	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.		Disputed	
	Debtor 1 only			
	☑ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another		✓ Student loans☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 	
	✓ No ☐ Yes			

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First Name	Middle	Name

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After listing any entries on this pag	je, number thei	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
THD/CBNA			Last 4 digits of account number 4 3 9 4	_{\$} 5,714.8
Nonpriority Creditor's Name P.O. Box 9001010			When was the debt incurred? 03/30/2016	
Number Street Louisville	KY	40290	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check on	ne.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			■ Disputed	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and ar	nother		Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a co	mmunity debt		you did not report as priority claims	
Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card Home Depot	
v No			Ciliel. Specify Oreals Cara Freme Super	
Yes				
2 Northland Group			Last 4 digits of account number 4 7 1 6	s 2,407.8
Nonpriority Creditor's Name			When was the debt incurred? 01/11/2007	"
P.O. Box 390846			When was the debt incurred? 01/11/2007	
Number Street Minneapolis	MN	55439	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check on	ne.		☐ Unliquidated ☐ Disputed	
☑ Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
□ Debtor 1 and Debtor 2 only□ At least one of the debtors and ar	nother		☐ Student loans	
☐ Check if this claim is for a co			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?	mmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
No			☑ Other. Specify <u>Credit Card</u>	
☐ Yes				
3 Atlantic Credit & Finance	Inc		Last 4 digits of account number 1 1 0 1	_{\$} 2,001.1
Nonpriority Creditor's Name	11101		-	
P.O. Box 13386			When was the debt incurred?	
Number Street Roanoke	VA	24033	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check on	ne.		☐ Unliquidated ☐ Disputed	
☑ Debtor 1 only			☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and ar	nother		☐ Student loans	
_			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a co	mmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? No			☑ Other. Specify Collections Credit Card	
☐ Yes				

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Afte	er listing any entries on this page, nu	ımber thei	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
7.4	Sychrony Bank/Lowes			Last 4 digits of account number 0 4 1 8	\$ 2,200 . 11
	Nonpriority Creditor's Name P.O. Box 965005			When was the debt incurred? 04/03/2016	
	Number Street Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes			☑ Other Specify Credit Card Lowes	
7.5	Barclay Bank Delaware			Last 4 digits of account number	\$ <u>4,704.22</u>
	Nonpriority Creditor's Name P.O. Box 8803			When was the debt incurred? $06/02/2011$	
	Number Street Wilmington	DE	19899	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	□ Contingent □ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a commuls the claim subject to offset?	nity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other Specify Credit Card	
	☑ No ☐ Yes			· · · · · · · · · · · · · · · · · · ·	
7.6	Lehigh Valley Health Network Nonpriority Creditor's Name			Last 4 digits of account number 2 3 4 1	\$ <u>231.66</u>
	P.O. Box 4067			When was the debt incurred?	
	Number Street Allentown	PA	18105	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	□ Contingent □ Unliquidated	
	Who incurred the debt? Check one.			☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a commu Is the claim subject to offset?	nity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill	
	✓ No ☐ Yes			— Ошег. Specify Medical Dill	

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Part 3: List Others to Be Notified About a Debt That You Already Listed

Calvary			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			, , ,
P.O. Box 520 Number Street			Line $\overline{7.4}$ of (Check one): \square Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claim
Volhalla	NIV	10505	Last 4 digits of account number 5 7 7 5
Valhalla ^{City}	NY State	10595 ZIP Code	
LTD Financial Services LP			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 7.5 of (Check and): Depart 1: Creditors with Priority Unacqueed Claims
3200 Wilcrest, Suite 600			Line 7.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Vallipol Glada.			Claims
Houston Dity	TX State	77042 ZIP Code	Last 4 digits of account number 0 7 9 0
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number
Dity	State	ZIP Code	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		-	☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
Dity	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line of (Chack anal): Dept 1: Craditors with Priority Unaccured Claims
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number
City	State	ZIP Code	<u> </u>
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number
City	State	ZIP Code	=aot : aigito oi aocoaitt ilailisoi

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After listing any entries on this pa	age, number ther	n beginning with	n 4.4, followed by 4.5, and so forth.	Total clain
.7 Lehigh Valley Health Ne	twork		Last 4 digits of account number 6 6 3 9	_{\$78.2}
Nonpriority Creditor's Name P.O. Box 4067			When was the debt incurred?	
Number Street Allentown	PA	18105	— As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Check Debtor 1 only	State	ZIP Code	Contingent Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? ☑ No ☐ Yes			☑ Other. Specify Medical Bill	
8 Synchrony Bank / Walma	art		Last 4 digits of account number 1 1 0 1	\$ 2,001.
Nonpriority Creditor's Name P.O. Box 965024	<u> </u>		When was the debt incurred? 04/03/2016	
Number Street	FL	32896	As of the date you file, the claim is: Check all that apply.	
Orlando ^{City}	FL State	ZIP Code	Contingent	
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
☑ Debtor 1 only☑ Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and	another		Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt		you did not report as priority claims	
Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card	
☑ No ☐ Yes				
Lehigh Valley Health Net	twork		Last 4 digits of account number 1 8 9 8	\$ <u>45.6</u>
P.O. Box 789581			When was the debt incurred?	
Number Street Philadelphia	PA	19178	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.		Disputed	
✓ Debtor 1 only☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:	
□ Debtor 1 and Debtor 2 only□ At least one of the debtors and	another		☐ Student loans	
☐ Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	,		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Bill	
☑ No □ Yes				

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Part 3: List Others to Be Notified About a Debt That You Already Listed

Midland Credit Manag	ement, Inc.		On which entry in Part 1 or Part 2 did you list the original creditor?	
Name			Line 7.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims	
P.O. Box 51319 Number Street			Part 2: Creditors with Nonpriority Unsecured Claims	
valibor oxfoot			Part 2: Creditors with Nonpriority Onsecured Claims	
Los Angeles	CA	90051	Last 4 digits of account number 1 8 9 6	
City	State	ZIP Code		
Penn Credit Corp.			On which entry in Part 1 or Part 2 did you list the original creditor?	
P.O. Box 69703 Number Street			Line 7.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims	
			Part 2: Creditors with Nonpriority Unsecured	
			Claims	
Harrisbug ^{Dity}	PA State	17106 ZIP Code	Last 4 digits of account number 0 4 8 0	
1			On which entry in Part 1 or Part 2 did you list the original creditor?	
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street			Part 2: Creditors with Nonpriority Unsecured	
			Claims	
			Last 4 digits of account number	
City	State	ZIP Code	Last 4 digits of account number	
			On which entry in Part 1 or Part 2 did you list the original creditor?	
Name				
Number Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
vuilibei Street			Part 2: Creditors with Nonpriority Unsecured Claims	
Dity	State	ZIP Code	Last 4 digits of account number	
,				
Name			On which entry in Part 1 or Part 2 did you list the original creditor?	
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street			Part 2: Creditors with Nonpriority Unsecured	
			Claims	
			Last 4 digits of account number	
City	State	ZIP Code		
Jama			On which entry in Part 1 or Part 2 did you list the original creditor?	
Name			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street			□ Part 2: Creditors with Priority Unsecured Claims	
			Claims	
			Lord Advanta of account according	
City	State	ZIP Code	Last 4 digits of account number	
			On which entry in Part 1 or Part 2 did you list the original creditor?	
Name			on which only in rail roll at 2 and you not the original ordinor?	
Charles Charles			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims	
Number Street			☐ Part 2: Creditors with Nonpriority Unsecured	
			Claims	
City	State	ZIP Code	Last 4 digits of account number	

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First Name	Middle Name

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	-	
		-

Afte	er listing any entries on this page, nu	mber ther	m beginning with 4	4.4, followed by 4.5, and so forth.	Tot	al claim
8.0	Kramer, Maehrer, DPM LLC			Last 4 digits of account number 7 8 2 0	\$	116.59
	Nonpriority Creditor's Name 2597 Schoenersville Rd, Suit 3	304		When was the debt incurred?		
	Number Street Bethlehem	PA	18017	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communication.	State	ZIP Code	 □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts 		
	Is the claim subject to offset? ✓ No ☐ Yes			Other. Specify Medical		
8.1	CBCS			Last 4 digits of account number 0 1 6 7	\$	231.67
	Nonpriority Creditor's Name P.O. Box 2724			When was the debt incurred?		
	Number Street Columbus	ОН	43216	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community the claim subject to offset? No Yes	State	ZIP Code	 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Medical 		
8.2	BAKO Nonpriority Creditor's Name			Last 4 digits of account number 1 3 0 4	\$	297.64
	6240 Shiloh Rd			When was the debt incurred?		
	Alpharetta	GA	30005	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	 ☑ Debtor 1 only ☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another ☑ Check if this claim is for a community the claim subject to offset? ☑ No ☑ Yes 	nity debt		Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit Card		

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Part 3: List Others to Be Notified About a Debt That You Already Listed

aditional	orealtors here, in	,	additional perse	ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
rano				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Clai
				Last 4 digits of account number
City		State	ZIP Code	Last 4 digits of account number
City		State	ZIF Code	On which entry in Port 1 or Port 2 did you list the existinal graditor?
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				2 chay are are and you not the original ordated t
<u> </u>	Ot and			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
			_	
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
0;+.		Ct-t-	ZIP Code	Last 4 digits of account number
City		State	ZIP Code	On which entry in Port 1 or Port 2 did you list the existinal evaditor?
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				on which entry in rate ror rate 2 did you list the original creditor?
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Numbel	Oucel			☐ Part 2: Creditors with Nonpriority Unsecured Claims
				оданто
City		State	ZIP Code	Last 4 digits of account number

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	533.02
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	533.02
			Total claim	
Total claims	6f. Student loans	6f.	\$	21,326.86
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i .	+ \$	38,593.32
	6j. Total. Add lines 6f through 6i.	6j.	\$	59,920.18

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Fill in this information to identify your case:						
Debtor Gwendoloyn Anne Taylor						
	First Name	Middle Name	Last Name			
Debtor 2	Debtor 2 Miranda Nicole Taylor					
(Spouse If filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: Eastern District of Pennsylvania Case number (If known)						

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - See Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with wh	om you	have the contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
L.,	City		State	ZIP Code	_
2.2					_
	Name				
	Number	Street			_
L	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
L.,	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

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Fill in this information to identify your case:					
Debtor 1	Gwendolyn Ar	<u> </u>			
	First Name	Middle Name	Last Name		
Debtor 2	Miranda Nico	le Taylor			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: Eastern District of Pennsylvania					
Case number	19-10138				
(If known)					

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	☑ No						
	☐ Yes						
	Within the last 8 years, have you lived in a community property state Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico,	• , • • • •					
	☑ No. Go to line 3.						
	☐ Yes. Did your spouse, former spouse, or legal equivalent live with you	at the time?					
	□ No						
	☐ Yes. In which community state or territory did you live?	. Fill in the name and current address of that person.					
	Name of your spouse, former spouse, or legal equivalent						
	Name of your spouse, former spouse, or regal equivalent						
	Number Street						
	City State	ZIP Code					
	,						
	In Column 1, list all of your codebtors. Do not include your spouse a shown in line 2 again as a codebtor only if that person is a guaranto Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F Schedule E/F, or Schedule G to fill out Column 2.	r or cosigner. Make sure you have listed the creditor on					
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt					
		Check all schedules that apply:					
3.1		Schedule D, line					
	Name	Schedule E/F, line					
	Number Street	Schedule G, line					
		<u> </u>					
2.2	City State	ZIP Code					
3.2	Name	Schedule D, line					
	Name	☐ Schedule E/F, line					
	Number Street	☐ Schedule G, line					
	City State	ZIP Code					
3.3	Silv Silvis						
	Name	Schedule D, line					
		☐ Schedule E/F, line					
	Number Street	Schedule G, line					
	City State	ZIP Code					

Ca	ise 19-10138-ret	Doc 15	Filed 02/06/19 Document P	Entered age 36 of	02/06/19 10:26:15 40	Desc Main
Fill in this in	formation to identify you	ır case:				
Debtor 1	Gwendolyn Anne Ta	ylor Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	Miranda Nicole Tay	lor Middle Name	Last Name			
United States	Bankruptcy Court for the: Eas	tern District of	Pennsylvania	▼		
Case number (If known)	19-10138				Check if this is:	
(II KIIOWII)					An amended filing	
					A supplement show income as of the fol	ring postpetition chapter 13 lowing date:
Official Fo	orm 106 l				MM / DD / YYYY	
Sched	lule I: Your	Incon	ne			12/15
supplying collif you are sep	rrect information. If you a parated and your spouse	are married ar is not filing w	nd not filing jointly, and rith you, do not include	d your spouse information a	tor 1 and Debtor 2), both are is living with you, include in about your spouse. If more s se number (if known). Answe	formation about your spouse pace is needed, attach a

Part 1: Describe Employm	ent					
Fill in your employment information.		Debtor 1			Debtor 2 or non-fi	ling spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status		ed 'ed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.		Administratio	n			
Occupation may include student or homemaker, if it applies.	Occupation	Administratio	'11		-	
	Employer's name	Georgia Paci	fic C	onsumer Oper		
	Employer's address	133 Peachtre	e St	. NE		
		Number Street			Number Street	
		Atlanta		GA 30303		
		City	Sta	te ZIP Code	City	State ZIP Code
	How long employed the	ere? 6			<u>6</u>	
Part 2: Give Details About Estimate monthly income as of spouse unless you are separated	the date you file this for	m. I f you have noth	ing to	report for any line, v	vrite \$0 in the space. Incl	ude your non-filing
If you or your non-filing spouse had below. If you need more space, a	ave more than one employ	er, combine the info	ormati	on for all employers	for that person on the line	es
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sal- deductions). If not paid monthly,			2.	\$5,278 . 00	\$	
3. Estimate and list monthly over	time pay.		3.	+ \$1,154.00	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$ <u>6,432.0</u> 0	\$	

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Debtor 1

Gwendolyn Anne Taylor

Last Name

Case number (if known) 19-10138

		For	r Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$	6,432.00	\$	
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	1,729.00	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	229.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$		\$	
5d. Required repayments of retirement fund loans	5d.	\$		\$	
5e. Insurance	5e.	\$	126.00	\$	
5f. Domestic support obligations	5f.	\$		\$	
5g. Union dues	5g.	\$		\$	
5h. Other deductions. Specify:	5h.	+\$_		+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	ı. 6.	\$	2,084.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,348.00	\$	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	lent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$	
8e. Social Security	8e.	\$	0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ance 8f.	\$	0.00	\$	
	•		0.00		
8g. Pension or retirement income	8g.	\$		\$	
8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$	1
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	4,348.00	+	= \$ 4,348.00
11. State all other regular contributions to the expenses that you list in Sche Include contributions from an unmarried partner, members of your household, friends or relatives.	, your c	lepend	·		
Do not include any amounts already included in lines 2-10 or amounts that are	e not a	vailable	e to pay expens		+ \$ 0.00
Specify:				11.	+ \$
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain				=	\$4,348.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this No.	form	?			monthly moonie
☐ Yes. Explain:					

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Fill in this information to identify your case: Debtor 1 Gwendolyn Anne Taylor First Name Middle Name Last Name Debtor 2 Miranda Nicole Taylor (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of Pennsylvania Case number (If known) 19-10138 Official Form 106J	Check if this is: An amended filing A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY
Schedule J: Your Expenses	12/15
Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, attach another sheet to this form. On the top (if known). Answer every question.	

E	Part 1: Describe Your Hou	sehold			
1.	Is this a joint case?				
	☐ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a s	eparate household?			
	✓ No☐ Yes. Debtor 2 must file	e Official Form 106J-2, Expenses for Se	eparate Household of Debtor 2.		
2.	Do you have dependents?	list Debtor 1 and 2. Yes. Fill out this information for each dependent state the dependents'	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not list Debtor 1 and Debtor 2.				
	Do not state the dependents' names.				☐ No ☐ Yes
					☐ No ☐ Yes
					☐ No ☐ Yes
					☐ No ☐ Yes
					☐ No ☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes			

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)				enses
	e rental or home ownership expenses for your residence. Include first mortgage payments and y rent for the ground or lot.	4.	\$	771.00
lf ı	If not included in line 4:			
4a	Real estate taxes	4a.	\$	0.00
4b	Property, homeowner's, or renter's insurance	4b.	\$	0.00
4c.	Home maintenance, repair, and upkeep expenses	4c.	\$	134.00
4d	Homeowner's association or condominium dues	4d.	\$	0.00

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Debtor 1

Gwendolyn Anne Taylor

st Name Middle Name Last Name

Case number (if known) 19-10138

		Your ex	penses	
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00	
6. Utilities:				
6a. Electricity, heat, natural gas	6a.	\$	403.00	
6b. Water, sewer, garbage collection	6b.	\$	103.00	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	400.00	
6d. Other Specify: Vet Bill, Amazon Music Service	6d.	\$	100.00	
7. Food and housekeeping supplies	7.	\$	550.00	
3. Childcare and children's education costs	8.	\$	0.00	
e. Clothing, laundry, and dry cleaning	9.	\$	100.00	
Personal care products and services	10.	\$	100.00	
Medical and dental expenses	11.	\$	50.00	
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$	425.00	
B. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	125.00	
Charitable contributions and religious donations	14.	\$	150.00	
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 				
15a. Life insurance	15a.	\$	0.00	
15b. Health insurance	15b.	\$	0.00	
15c. Vehicle insurance	15c.	\$	125.00	
15d. Other insurance. Specify:	15d.	\$	0.00	
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00	
. Installment or lease payments:				
17a. Car payments for Vehicle 1	17a.	\$	270.00	
17b. Car payments for Vehicle 2	17b.	\$		
17c. Other. Specify:	17c.	\$		
17d. Other. Specify:	17d.	\$		
 Your payments of alimony, maintenance, and support that you did not report as deducte your pay on line 5, Schedule I, Your Income (Official Form 106I). 	d from 18.	\$	0.00	
9. Other payments you make to support others who do not live with you.		-		
Specify:	19.	\$	0.00	
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.				
20a. Mortgages on other property	20a.	\$		
20b. Real estate taxes	20b.	\$		
20c. Property, homeowner's, or renter's insurance	20c.	\$		
20d. Maintenance, repair, and upkeep expenses	20d.			
20e. Homeowner's association or condominium dues	20e.			

Debtor 1 Gwendoly First Name	yn Anne Taylor Middle Name Last Name	Case number (if known)	19-	10138	
. Other. Specify:			21.	+\$	
2. Calculate your mor	nthly expenses.				
22a. Add lines 4 thro	ough 21.	23	2a.	\$	3,806.00
22b. Copy line 22 (m	nonthly expenses for Debtor 2), if any, from Official For	m 106J-2	2b.	\$	0.00
22c. Add line 22a an	nd 22b. The result is your monthly expenses.	22	2c.	\$	3,806.00
3. Calculate your mont				\$	4,348.00
	vour combined monthly income) from Schedule I.		?3a.	¥ <u></u>	
23b. Copy your mon	nthly expenses from line 22c above.	2	23b.	- \$	3,806.00
-	monthly expenses from your monthly income.			e	542.00
The result is yo	our monthly net income.	2	?3c.	Ψ	
For example, do you	expect to finish paying for your car loan within the year or increase or decrease because of a modification to the	r or do you expect your			
☑ No.		,			
☐ Yes. Explain h	nere:				